

## Division of Medical Assistance Personal Care Services Policy Implementation Plan

The Division of Medical Assistance's amended Personal Care Services (PCS) policy has been a coordinated work effort to improve the services provided to medically needy Medicaid recipients. The policy development process has been monitored closely by the Department of Health and Human Services and North Carolina legislative leaders and endorsed by the provider community and the Association of Home and Hospice Care of North Carolina. A legislative mandate exists for DMA to meet certain budgetary reductions; therefore a quick and successful implementation of the amended policy is essential.

The following implementation plan phases in certain policy parameters to assure that medically needy recipients continue to receive appropriate services. All providers are responsible for re-assessing their PCS recipients and determining whether or not they meet the amended PCS policy criteria. **No clients will be "grandfathered" into the PCS program.**

Policy parameters not specifically mentioned in the implementation plan below are effective November 1, 2005.

| Policy Content and Training   |                    |                               |  |
|---|--------------------|-------------------------------|--|
| Activity  | Responsible Party  | Timeframe (By date indicated) | Comments   |
| Post to the DMA website the final PCS policy and downloadable PACT form with instructions for completion. | DMA staff          | 10/31/05                      |  |
| Complete and make available the AHEC <u>online</u> RN certification training.                             | DMA, AHEC and AHHC | 10/31/05                      | AHEC will need up to 30 days to complete the process, so projected certification training availability is 12/1/05. |
| Provide PCS workshops in locations across the state.  | DMA staff          | Month of November 2005        | Completion of training is targeted for 11/29/05.   |
| Ongoing PCS training held at DMA.   | DMA staff          | January 2006 (first training) | Ongoing training schedule will be announced in the December Medicaid bulletin.                                     |

## Assessment and Re-assessment of PCS Recipients

| Activity   | Responsible Party | Timeframe (By date indicated) | Comments |
|--|-------------------|-------------------------------|----------|
| All new clients assessed for PCS using the new PCS PACT, new ADL criteria and scoring  | RNs               | 12/1/05                       |          |
| <p>All current clients re-assessed using the PCS PACT, new ADL criteria and scoring. Current clients must be reassessed at the first event below occurring after 12/1/05.</p> <ul style="list-style-type: none"> <li>• At an annual re-assessment occurring after 12/1/05.</li> <li>• Upon next due supervisory visit occurring after 12/1/05.</li> <li>• Upon any re-assessment (hospitalization, change in condition, lapse in service, etc.) after 12/1/05.</li> <li>• <b>All recipients must re-assessed no later than 3/01/06.</b></li> </ul> | RNs               | As indicated                  |          |

## Supervision

| Activity  | Responsible Party | Timeframe (By date indicated)              | Comments  |
|---|-------------------|--|---|
| Supervisory visits must meet the revised standards.                                     | RNs               | 12/1/05                                    |   |
| RNs performing any supervisory or assessment functions complete certification training. | RNs               | Within 60 days of availability of training | All RNs performing assessments and supervision must successfully complete the certification training within 60 days of certification training availability. After this 'grace' period, nurses must successfully complete the certification training <u>before</u> assessing or supervising PCS clients. |

## Supervision, continued

| Activity   | Responsible Party | Timeframe (By date indicated) | Comments |
|--|-------------------|-------------------------------|----------|
| Supervisory visit frequency standards are implemented. | RNs               | 12/1/05                       |          |

## Quality Assurance

Note: **Program Integrity** will complete any complaint investigations and activities (including recoupment) initiated under the current policy, and will apply the new policy parameters as indicated in this implementation plan.

| Activity   | Responsible Party | Timeframe   | Comments |
|--|-------------------|---|----------|
| Provider self reviews implemented.                         | Providers         | 1/31/06   |          |
| Agency validation visits piloted.                          | DMA staff         | 1/01/06   |          |
| QA programs fully implemented.                             | DMA Contractor    | 7/01/06   |          |
| Measurement and accountability for new program guidelines. | DMA staff         | 11/1/05, except as noted in this implementation plan. |          |

## OTHER Provisions

| Activity  | Responsible Party       | Timeframe | Comments |
|---|-------------------------|-----------|----------|
| Solicitation of clients   | Providers               | 11/1/05   |          |
| 7/8 rounding requirement for billing                                      | Providers               | 11/1/05   |          |
| All other new policy parameters not included in this implementation plan. | Providers/<br>DMA Staff | 11/1/05   |          |